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CLINICAL LECTURE ON INCIPIENT PHTHISIS.

BY JOHN CLENDENNING, M.D., F.R.S., ETC.

I HAVE repeatedly brought under your notice the symptoms of phthisis. It is a wearisome disease, on account of its enormous frequency, its intractability, and its nearly uniform result, when tolerably distinct. And to pupils especially, but to practitioners also, its tediousness, "which, like a wounded snake, drags its slow length along," makes it a sort of "*noli me tangere*," which we desire to have, at least in official practice, as little as possible to do with. To be watching from week to week and month to month the frame wasting away, and listening to the ever-recurring complaints of bad rest, weakness, pectoral pains, colliquative discharges, harassing cough, &c., for most of which we can often do little or nothing in the way of substantial relief; this realizes almost the sarcasm of our great lexicographer, Johnson, that "physic is but a meditation on death." Still the subject in every respect is of paramount importance and interest, as you will find when you come to treat the disease in private practice, and again and again must you have your attention directed to it. In all its stages you must familiarize yourselves with its sufferings and appropriate helps and palliatives; but especially must you study the early stage, or that of incipient tuberculation. Now, there are at this moment up stairs several cases well fitted for illustrating to you the diagnosis and treatment of the early stage of this giant disease. I allude to a case you may have seen in Alderton's ward, of a servant girl, aged 21, admitted on the last of March; and to two cases on the male side, in Murray's: one that of a laboring man, aged 25 years; the other that of a boy, aged 8 years, each admitted about the same time as the girl.

CASE 2.—The girl appears to have come to her service in London about a year ago, and to have become irregular as to the menstrual function soon after. She says she has had suppression for nearly the whole time. This is a common result in young women from the country, on entering upon the hard life of a London servant of all-work. Short and perhaps broken rest, irregular meals, much bodily labor, almost constant confinement to the house, and the London atmosphere, conspire against many of them, with dependence and humiliation, and soon tell even upon healthy and vigorous girls, producing in such, pretty frequently, severe fevers, and in less favored subjects causing ultimately amenorrhœa, chlorosis, dyspepsia, hysteria, and not rarely bringing out, if not directly originating, tubercular mischief.

For some little time before her admission her legs swelled at night, but were down again in the morning. For four months she had been complaining of palpitations, some cough, and other symptoms, not sufficient to force her to leave her service, as I understand; her look was what old writers call leuco-phlegmatic, otherwise pallid, with fulness rather than sharpness or wasting of feature; there was no great disturbance of the pulse, some pain under the breast-bone, urine and bowels nearly normal. On examining her chest, the following were observed: On and below the collar-bone, and on the top of the shoulder-blade on the right, the chest had less resonance on percussion than the same parts on the other side. The difference was slight, however. The space in front, under the right collar-bone, seemed likewise, when compared with the other side, somewhat depressed, and was also less expanded in inspiration; the sounds of breathing were too distinct on each side, and most so on the right I thought; no remarkable or important crackling murmur or other unnatural sound was noted during inspiration.

CASE 3.—These physical signs correspond as nearly as possible with those observed in the man in Murray's ward. His disease is also at the top of the right lung, and is marked by precisely the same defects in the resonance, shape, and motions of the part, and by the same distinctness of the expiration. He has, however, been subject to winter coughs; but he has had no hæmoptysis, and has been equal to his work until within a few days of admission, when he had cough, chills, followed by headache, pains in his bones, and other symptoms of influenza, coming on without obvious cause.

CASE 4.—The boy in the same ward has had symptoms and signs very nearly the same as the man and the girl. He is, as you have seen, rather a high-shouldered, but healthy-enough looking little fellow, who was attacked shortly before admission, while in the boy's school on the other side, with symptoms like those of the man, and denoting something like influenza. On examining this child, I found traces of tubercular mischief on the left side, the right lung appearing comparatively, if not absolutely, healthy. To state the points in which the left lung was defective in this case, would be to repeat almost verbatim the description of the appearances observed on the right side in the two other cases. The differences of age and sex in those cases were sufficient to modify considerably the physiological effects and symptoms of the disease of the lung, independently of any personal peculiarities of constitution in the patients; but such differences exert but little influence over the physical manifestation of structural change. In all subjects, happily without exception of importance, the methods of Avenbrugger, Laennec, &c., are applicable alike in the detection of organic mischief, and often indirectly of functional disorders, as well as of feigned or imagined disease. The only difference I think worth naming was this: the inspiration in this child was accompanied in the top of the left lung, towards the end of the act of inhaling, with a sort of click, as if tough fluids mixed with air had at length found room to bubble and burst in the interior of the lobe in some cavity larger than the natural passages or healthy air-vessels. This click is possibly proof of an excavation by tubercle,

but may be owing to a dilated air-vessel, for his high shoulders with other circumstances render it probable that his lungs are more or less emphysematous. I could detect no pectoriloquy nor decided gurgle, and he had not hæmoptysis, as I understood.

Remarks.—On the whole, then, you see these three cases present a remarkable coincidence in their features. In two of them no striking crepitus is noted, which is, perhaps, not in accordance with what you will find in books. Laennec enumerated amongst his physical diagnostic signs of commencing consumption, a peculiar murmur accompany the inspiration, and which he attributed to the softening of the tubercles; and this view has been generally adopted. You will often, it is true, meet with crepitations in the vicinity of tuberculations. The presence of tubercle is usually attended by chronic congestion and catarrh of the neighboring air-vessels upon which such crepitations depend, and they are met with, I think you will find, in a great variety of combinations, degrees and circumstances, and of which softening tubercle is but one kind or form. Such crepitations, therefore, are probably of doubtful importance. On this point, then, as on not a few others, you will do well to listen to Laennec with a reasonable share of credulity. Laennec made a great discovery, viz., a second method of exploring the diseases of the viscera and cavities by physical means; this was, in classic phrase, his "*monumentum ære perennius*;" his imperishable memorial. When that method was established in credit and use, his mission was accomplished. Had he left the detailed enumeration and interpretation of the sounds incidental to the actions and lesions of the lungs and heart to his disciples and successors, I suspect that auscultation and the physical method generally would be more advanced now than it is; because the practical uses of new discoveries and inventions are necessarily of slow growth, and demand the co-operation of many minds, and even of generations. The investigation of them is, besides, generally on a level with common capacities. Already the diagnostics of Laennec have received much correction from less gifted men than he, and you may depend upon it they need much more still. As the authority of the *master* decays with time, so we may expect will his omissions be more boldly supplied, and his mistakes more freely and fully rectified.

The palpitations complained of by the girl, I may remark, were probably symptomatic of the tuberculation. I have met with a good number of cases in which palpitation had drawn away in a great degree or altogether the attention of the patient from well-known pulmonary symptoms. Some years ago I had a woman in the very same ward, I think, who was an intelligent person, and assured me she had labored incessantly for nearly a dozen years under palpitation, of which principally she still complained; and yet this woman's age was mature and beyond the hysterical period, and her heart was clinically and post-mortem proved perfectly normal; while her only disease was phthisis in both lungs, of which she died after a short residence in the Infirmary. This was an extreme case, of course; but I know at this moment of several instances in both sexes of the connection between palpitations and tubercular lung. You should bear this in mind.

Summary.—Before passing to the next case, let me remind you generally that the diagnosis of incipient phthisis practically may be said to turn mainly on a general view of the past history, and a precise estimate of the present physical signs. Habitual cough, frequently recurring catarrh, hæmoptysis, &c., are well-known symptoms, and require no notice at present. The great question in such cases is—what is the physical condition of the lungs? Are they as porous and open to the passage to and fro, in and out, of air in breathing, as they ought to be? To determine this we have commonly only to examine carefully the chest about the collar-bones, in the arm-pit, and the top of the shoulder and about the upper half of the shoulder-blades; to observe whether the corresponding parts are equally resonant on being percussed; whether the parts about the collar-bones move (by rising and falling, or sinking) equally in breathing; whether they are of the same shape and fulness; and whether the sounds of breathing are soft and diffused, and particularly whether expiration is accompanied by a very distinct sound. If consolidation, i. e., tuberculation, be present to any extent, the defective side will manifest it by more or fewer of the signs just referred to; and where those tests, applied by competent persons, afford no decisive result, then no positive or satisfactory diagnosis can be hazarded.

As these three cases are still under treatment, I shall at present say nothing of the particular remedies employed; they are all doing well, I think, and are on a sustaining diet, with alkaline, soothing, diuretic medicines.—*London Lancet.*

ENTIRE DIVISION OF THE MASSETER MUSCLE, FOR RIGIDITY OF THE JAW.

BY J. W. SCHMIDT, M.D., NEW YORK.

[Communicated for the Boston Medical and Surgical Journal.]

Miss S. had labored for more than twelve years under the very serious inconvenience of not being able to open her mouth, owing to a contraction and rigidity of one of the masseter muscles, which was caused by an extensively ulcerated throat when a child. The jaw was not only so closed that the end of the little finger could not be inserted between the incisors, but was also much drawn to one side. Frequent attempts had been made to open the jaws by means of an instrument, which I have seen succeed in cases of immobility of the jaw, produced from the use of mercury, and described by Professor Mott in the fifth volume of the American Journal of Medical Sciences for November; but no permanent good resulted from this instrument, for after its use the contractility of the masseter seemed only aggravated, and the jaw rendered more firmly resistant.

The young lady being very desirous to have this inconvenience and deformity removed, after some examination of the case I determined on the following operation. On the 8th of October, 1841, in the presence of my friends Professor Mott and Dr. C. A. Porter, I passed a narrow bistoury through the mucous membrane of the mouth, immedi-

ately in front of the anterior edge of the masseter muscle, about on a line with the alveolar processes of the lower jaw. Holding the integument up from the muscle with one hand, the bistoury was passed over the masseter, between it and the integuments, and the muscle completely divided to the bone. The mouth was immediately opened to near the usual size, and the lateral distortion of the jaw much improved. Considerable hemorrhage followed, and some extravasation into the cellular substance, which gradually subsided, and the case succeeded well. To prevent union of the muscle as before, pieces of soft wood, wedge-shaped, were kept in the mouth during the night, and occasionally during the day.

I am not aware that the entire division of the masseter on the subcutaneous principle has before been performed. Professor Mott, who witnessed a great many orthopedic operations by Guérin, has never seen him divide this muscle, nor has he done it. I was informed, by a practitioner in this city, that the masseter had been divided by Dr. Mutter, of Philadelphia; but on referring to his paper, published in the American Journal of Medical Sciences for May, 1840, I find that he only divided the anterior fibres of the muscle, with an instrument resembling a gum lancet. The knife being introduced within the mouth, had the great advantage of leaving no scar.

June 22, 1842.

MEDICAL TESTIMONY.

[It was our determination not to give place to another line relating to the mooted case of the fractured limb in Cortlandville, N. Y.; but the following affidavits are urged upon us, against our convictions of their utility, with the cogent plea that truth demands their publication and circulation. With a most complying desire to accommodate both parties and set the public mind right, we are worse off now than in the beginning of the controversy; and we very much fear that at this rate of clearing up other people's obscurities, we are laying the foundation for the future ill will of every person who has in any way been identified with this affair. We can truly say that we wish Smith had never broken his leg!]

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—I perceive in your Journal of May 11th, a letter from Drs. Goodyear and Hyde, in reference to the case of Wm. Smith; in answer to which I would respectfully request that you publish the following affidavits from Drs. Harmon Van Duzen and Joel R. Carpenter, that your numerous readers may know, as they have a right to, the whole truth in relation to this matter.

Cortlandville, June 12, 1842.

Respectfully yours,

A. B. SHIPMAN, M.D.

State of New York, Cortland County, ss.

Harmon Van Duzen, being duly sworn, deposeth and saith, that he is

a physician and surgeon in the town of Tully, in the County of Onondaga and State aforesaid; that he has been such practitioner for about fifteen years. And this deponent further saith that he is personally acquainted with William Smith, of Cortland County, who has been the subject of controversy in said County. And on or about the first of May last, I examined the leg of said Smith, and found the leg sound and entirely free from disease, the bone united by firm and healthy callus; that there is no sinus or diseased bone upon the leg, no ulceration or discharge of any kind; that the foot stands in its relative position to the leg, and is no more likely to become diseased than the other leg. And this deponent further saith, that the motion of the ankle-joint is tolerably free, and the patient walks with apparent ease and with but a trifling limp, hardly perceptible to a casual observer. And this deponent further deponeth and saith, that he considers the cure as complete and perfect as is ever met with in cases of this description, and that the said Smith was in apparent good health. And further this deponent saith not.

H. VAN DUZEN, M.D.

Sworn to and subscribed before me, }
 this 2d day of June, A. D. 1842. }
 HOMER GILLET, Just. Peace. }

State of New York, Cortland County, ss.

Joel R. Carpenter, being duly sworn, deposeth and saith, that he is a physician and surgeon in the town of Cortlandville, in said County; that he is the regularly employed physician and surgeon at the Alms-house in and for the said County, and has been for more than one year anterior to this date; that he is intimately acquainted with the inmates of said establishment during the period aforesaid; that William Smith has been an inmate of said establishment during the year 1841, for about two months; that his being there was in consequence of poverty, more than from any other cause; that I have been intimately acquainted with said Smith, since his confinement at the Alms-house in 1839 with a compound fracture of the leg; that said Smith left said Alms-house in the spring of 1840; that I have repeatedly examined said Smith's leg since that time, and for the last time on the 29th of April last; that during my practice I have not made any application, nor has any been necessary, to said leg, but on the contrary the leg has been free from any discharge of the sinus for eight months last past; that the last time said Smith came as an inmate to said establishment, he said he had hurt his leg in attempting to get on to a horse, and on examination I found he had rubbed a small piece of skin off his leg, above where the sinus had been, but that no application was made, nor was it necessary in my opinion; that on a thorough examination of said leg I found the bone united by sound and healthy callus, and no more appearance of ulceration than in the other leg; that said Smith is at work at his trade, is in perfect health, and able to perform a good day's work. And further this deponent saith not.

JOEL R. CARPENTER.

Sworn to and subscribed before me, }
 this 21st day of June, A. D. 1842. }
 HOMER GILLET, Just. Peace. }

ASYLUM FOR THE INSANE IN PENNSYLVANIA.

[In obedience to a resolution of the Legislature, William Strickland, Esq., the architect of the new Asylum for the Insane, has made the following report of the progress of the work, accompanied by a description of the edifice, which should have a place in all medical periodicals, for future reference.]

The foundations are laid upon a beautiful site of elevated ground on the west side of the river Schuylkill, between Gray's Ferry and Carr's Gardens, and between the Philadelphia and Baltimore Rail-road and the Darby road, and elevated above the river upwards of fifty feet; commanding at once a fine prospect of the river and of the city of Philadelphia and her most extensive and useful public works.

In plan the building consists of a central projection and main wings, flanked by verandahs upon each of the returned wings. The principal front is towards the N. E., and is 467 feet in length. The returned wings are each 236 feet; these, as well as those of the front, are three stories in height. The centre building and verandahs are four stories, each with a quadrangular pitched roof, and the whole to be covered with Pennsylvania slate over a bold projecting eave.

The wings alone contain the dormitories for each class of the insane, and they are calculated to accommodate 300 patients. They are situated on each side of a gallery or corridor 10 feet in width; dimensions of the chambers 7 feet by 10 feet, and from 11 to 12 feet in height, and the ceilings of them all to be arched with brick. Each chamber is to be ventilated by a flue rising to the roof, and an open sash over each door-way, which is opposite to each of the windows on the front and rear.

The warm air is to be introduced by flues from eight furnaces to be constructed in the cellar story, and passed into the corridors of each separate story, there to be regulated by dampers placed eight feet above the floor.

The sash of all the windows are to be of cast iron, fixed upon central pivots in the sill and head, and so arranged as to open six inches on each side by the whole height of the window; the glass to be glazed in the cast-iron frame, and a wooden frame surrounding the window sustains the whole.

In the arrangement of all the corridors or passages they are made to have a free communication with the open air at each end; the one end entirely clear of the rear of the centre building; the other communicating with the verandahs, which are to be used as play-rooms and for games and exercise either in fair or foul weather. These are each 50 feet square, and will be well lighted and ventilated with moveable sash.

The cellar story is to be 5 feet above the surface of the ground and 6 feet below it. This story to be surrounded by an area 7 feet in width with sloping banks in every direction.

The kitchens and wash-rooms are situated in each wing immediately under the dining and bath-rooms of the upper stories. The water-closets as well as the bath-rooms have their drops into culverts of large dimensions, which are to be arched over beneath the cellar floor, and a

fine spring of water will be introduced, under a rapid descent, to keep the conduits clean.

The furnaces for the generation of hot air are to be placed in this story, two for each wing, and the flue from each contains a cast-iron smoke stack of 10 inches in diameter; they will be constructed for burning anthracite coal, and supplied with air to be heated through openings leading from the outside of the building.

The cellar story also contains all the necessary store-rooms, drying-rooms, laundry, bakery, family dining-rooms, as well as rooms for domestics, and upon the return wings a sufficient number of rooms, say 20 for the males and a similar number for the females, are to be constructed and set apart for the special accommodation of noisy and violent patients. In each of these wings three distinct classes of patients can be accommodated, and from the position of the returned verandahs at the extreme ends of the building, the most noisy will not interfere with the quiet of the inmates of the main building.

The basement story, or first floor, is divided into rooms ranged along the sides of the corridors, and extending from a centre building through wings which terminate at verandahs. The centre building is 95 feet by 52, and contains on the principal entry hall two rooms of 18 feet square, each side of which is intended for the use of the Superintendent as parlors, offices, library and apothecary shop. In the second story the same arrangement of rooms is intended for the officers resident in the Asylum, such as two parlors, steward's and attendants' rooms; a reception chamber for visitors, and other rooms intended for the better class of convalescent patients. All the other stories are similar in their arrangements and fixtures to those just described, and the right and left wings are completely separated in the rear by the projection of the centre building.

A supply of water may be derived from a beautiful spring run which flows through the whole extent of the premises, which may be dammed up at a small expense, and the water power used to fill the tanks which are to be placed under the roofs of the verandahs and centre building, from which the water may be conveyed to every section of the building for bathing and other purposes.

All the fixtures for washing and drying clothes are to be in the cellar story of the verandahs immediately under the tanks or reservoirs, and funnels will be made at every stair-way from the different stories and wards, into which soiled articles are to be thrown down into the receiving rooms and from thence into the wash-rooms.

Dumb waiters are to lead from the dining-rooms of each story directly into the kitchens below, in which fixtures of the most approved construction are to be placed for steaming, boiling, baking, &c.

One of the chief merits of the plan now entered upon consists in the location of all the chambers and rooms, where hot or cold water is to be used, over the sewers or culverts which are founded beneath the cellar story along with the rear walls of the building, so that all the waste water from the interior, the yards, roof, and from the Indian spring, flows through the culverts upon a rapid descent, which at once will cleanse

and prevent the escape of effluvia throughout the whole establishment. These conduits are sufficiently large to allow a man to pass through their whole extent, and from the situation of the building on the site, the ground falls off in every direction towards the spring run, which empties itself into the river Schuylkill on the eastern boundary line of the farm.

The architecture of the principal front is of the plainest possible character; without mouldings, columns, pediments, architraves or cornices. It is simply a plain rubble-stone structure, to be dashed up with gravel mortar in a strict rustic style, and with Tuscan proportions. All the wood of the exterior as well as that of the interior is to be varnished and not painted. The dormitories and passages are to be finished in rough sand plastering without cornices or mouldings, or any decoration whatever; and the cost of the whole building, including the furniture and contingent expenses with the purchase of the land, will not exceed the amount appropriated by the Legislature.

NEW HAMPSHIRE MEDICAL SOCIETY.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—The Fellows of the New Hampshire Medical Society assembled at the Phoenix Hotel, in Concord, on the 31st ult., where they have long been accustomed to greet the return of the Society's anniversaries. With warm hearts they hail the day, when they are permitted to meet and extend the hand of friendship, and feel the warm and fraternal "grip." After having endured the trials and anxieties incident to the profession, and been weighed down by those solemn responsibilities which none but a physician can appreciate, how cheering to find one day in the year when we can meet those kindred souls with whom we can sympathize, and enjoy that mutual interchange of good feeling, upon which the happiness of social life so greatly depends.

The meeting was well attended, and the annual business of the Society was disposed of harmoniously and with despatch. Two interesting dissertations were listened to with deep interest by the members, and other literary gentlemen present: one from Professor Crosby, of Hanover, on hernia, its surgical anatomy and treatment; the other from Dr. Savory, of Hopkinton, upon the present condition of medicine as a science and a profession.

One circumstance rendered our meeting peculiarly solemn, and cast a gloom over our deliberations. Since our previous annual meeting the chair had been vacated by death—a circumstance which had never before occurred since the organization of the Society. Dr. Luke Howe, of Jaffrey, who had so honorably filled it, was no longer there; and his memory will long be revered by every member. He was universally beloved and esteemed by his associates; and his loss will be deeply felt, not only by the Society, but by the profession generally. Resolutions expressive of the deep feeling of the members, and of sympathy with his afflicted family, were unanimously adopted. Dr. I. Colby of Keene, and J. Batcheller

of Marlborough, were appointed to prepare a memoir of Dr. Howe, to be read before the Society at its next annual meeting.

I notice in the account given in your Journal of the meeting of the Massachusetts Medical Society, that wine was excluded from its tables. This is as it should be, and worthy to be imitated by all medical associations. New Hampshire, however, is a little in advance upon this point. I think it is more than ten years since ardent spirit and wine were banished from the board of the New Hampshire Medical Society.

The following list of officers were elected for the current year:—

Dixie Crosby, Hanover, *President*.

James Batcheller, Marlborough, *Vice President*.

James B. Abbott, Boscawen, *Secretary*.

R. P. J. Tenney, Loudon, *Treasurer*.

Counsellors.—Nathaniel Wright, Gilmanton; Charles A. Savory, Hopkinton; James Farrington, Rochester; Joseph H. Smith, Dover; Israel Burnham, Antrim; Jacob A. Wood, Hancock; Amos Twitchell, Keene; Isaac Colby, Keene; Josiah C. Eastman, Hampstead; William Brown, Chester; Silas Walker, Bedford; David Flanders, Londonderry.

Censors.—Moses T. Willard, Concord; Andrew McFarland, Sandwich; John S. Fernald, Barrington; Noah Martin, Dover; Daniel Adams, Mount Vernon; Micah Eldridge, Nashua; Isaac Colby, Keene; Amos Twitchell, Keene; Josiah Bartlett, Stratham; Joseph Eastman, Candia; Silas Walker, Bedford; David Flanders, Londonderry.

Committee of Correspondence.—Josiah Bartlett, Stratham; Julius H. Morse, Manchester; James Batcheller, Marlborough; Luther M. Knight, Thornton; Francis P. Fitch, Amherst; Stephen Drew, Milton; Dixie Crosby, Hanover.

Delegates to the Examinations at the Medical Institution at Hanover.—Francis P. Fitch, Amherst; James Farrington, Rochester.

Orators for 1843.—Joseph H. Smith, Dover; Luther M. Knight, Thornton. *Substitutes*.—Harrison Eaton, Merrimack; Thomas R. Crosby, Meriden.

The following gentlemen were elected members of the Society, viz.: Jacob A. Wood, Hancock; Harrison Eaton, Merrimack; Thomas R. Crosby, Meriden; Julius H. Morse, Manchester; and William D. Buck, Concord.

Yours respectfully,

Boscawen, June, 1842.

JAMES B. ABBOTT, *Sec'y*.

HARTFORD RETREAT FOR THE INSANE—EIGHTEENTH ANNUAL REPORT.

[THIS is another of those interesting reports which now annually come to us from different parts of the country, each marked by its own peculiar excellences. We gather from it that the number of patients at the beginning of the year, was 83; admitted during the year, 96; total during the year, 179. Discharged, recovered, 56; improved, 16; unimproved, 9; dead, 8—total, 89. Remaining at the Retreat, 90. The portion of it by Dr. Brigham, the Superintendent, contains many valua-

ble suggestions, which are well worthy of a more extensive circulation than they will obtain in the printed report. The following extracts are all we have room for the present week.]

"By recovered, we usually mean complete restoration of the mental powers. Two of the individuals discharged this year, and reported as recovered, are still very eccentric, though they do not now manifest anything that their friends call insanity, are able to attend to their affairs, and are as well as they were for several years before they were called insane. Such individuals, after having had an attack of insanity, and been at an asylum for the insane, and recovered, are ever after considered some deranged, but they would have been so considered years previous, had they then been sent to such an institution.

"Some few other individuals, though reported recovered, did not, when they left us, exhibit their former mental vigor; from several of these we have heard, that at home they have entirely recovered in this respect, or are steadily improving. With these few exceptions, those that we have reported as recovered, we consider completely so.

"We have been thus particular, to guard against an impression, that those who have been once decidedly insane, never have their mental powers fully restored. From our own observation, and extensive and careful inquiry respecting those who have heretofore been discharged from this Institution as recovered, we know the contrary is the fact. Many who have been here as patients, are now among the most industrious and intelligent persons in the community, and some of them filling stations of high responsibility, as parents, teachers, clergymen, lawyers, physicians, merchants, &c., and discharging their duties with propriety and ability. Some few, I am happy to say, exhibit more mental vigor and ability, than previous to the attack of insanity. Of this I feel confident, from my own observation, and the declarations of their friends, and of the individuals themselves; besides, it is not very surprising that such should occasionally be the result, as it can be explained on physiological principles—the unusual and long-continued excitement of the brain, having permanently increased its power and activity."

* * * * *

"The inculcation and general prevalence of correct views respecting the nature of insanity, I consider of great importance. It is their prevalence, though to a limited extent, that has led to the improved treatment of insanity within the last half century, and were they now generally established, they would be acted upon—the causes of the disease often avoided, medical advice solicited, and a proper remedial course adopted, the same as in attacks of other diseases. Correct views of this disease would lessen the terror with which it is now regarded. 'Whoever,' says Sir James Mackintosh, 'has brought himself to consider a disease of the brain as differing only in degree from a disease of the lungs, has robbed it of that mysterious horror which forms its chief malignity.'

"Such views would aid in curing the disease, by their impression on the minds of patients. There are many deranged persons who know they are deranged, but their ignorance of the nature of mental disorder, or their erroneous notions about it, tend rather to discourage them, and to

annihilate all hope. I have in several instances of the melancholy insane, known the first symptoms of amendment to arise from the belief, faint to be sure, at first, that all their fears and mental anguish might be the consequence of disease of the body; and if so, might be cured. An esteemed friend who was here several months, and for some time the most wretched and melancholy patient we ever had, has told me, since his recovery, that the first ray of hope that beamed upon him, arose from being told, and partially convinced, that his singular apprehensions—his peculiar mental state—might be the result of disease of the brain and nervous system, and he also assured me that nothing aggravated his feelings, and injured him so much, as the efforts of his friends to cure him by reasoning and arguing with him against his delusions. Another told me in a conversation respecting the danger of a relapse, that she had but little fear of such a result, as she now knew that her mental disturbance was gradual in its approach, and arose from disease of the brain, caused by too violent application of mind, and that hereafter she believed she should know how to prevent a recurrence of an attack, by avoiding the causes likely to induce it, and to recognize and properly treat the early symptoms, should they occur.

“A knowledge of the nature of the disease would frequently lead to its prevention. Insanity in most cases arises from undue excitement and labor of the brain; for even if a predisposition to it is inherited, an exciting cause is essential to its development. Hence everything likely to cause great excitement of the brain, especially in early life, should be avoided.

“The records of cases at this Institution, and my own observation, justify me in saying that the neglect of moral discipline—the too great indulgence of the passions and emotions in early life, together with the excessive and premature exercise of the mental powers, are among the most frequent causes that predispose to insanity. But these causes are in no other way operative in producing insanity, than by unduly exciting the brain. By neglect of moral discipline, a character is formed subject to violent passions, and to extreme emotions, and anxiety from the unavoidable evils and disappointments of life, and thus the brain, by being often and violently agitated, becomes diseased; and by too early exercising, and prematurely developing the mental powers, this organ is rendered more susceptible and liable to disease.

“I am confident there is too much mental labor imposed upon youth at our schools and colleges. There have been several admissions of young ladies at this Institution, direct from boarding-schools, and of young men from college, where they had studied excessively. Should such intense exertion of the mind in youth not lead to insanity, or immediate disease, it predisposes to dyspepsia, hysteria, hypochondriasis, and affections allied to insanity, and which are often its precursors. Should that portion of the community who now act most wisely in obtaining a knowledge of the functions of the digestive organs, and in carefully guarding them from undue excitation, be equally regardful of the brain, they would do a very great service to society, and in my opinion, do much towards arresting the alarming increase of insanity, and all disorders of the nervous system.”

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JULY 6, 1842.

EDITORIAL NEGLECT.

PREFACING the necrological record of the late Dr. Doane, in the Western Medical Recorder for June, which was copied from this Journal, a delicate hint is given that those medical editors who aided in promulgating an article of intelligence in relation to a small difficulty between one of the faculty and a student of the Lexington Medical School, have not done their duty by contradicting the story, when they had learned that the paragraph was perhaps a newspaper article, greatly exaggerated, if not wholly untrue.

Now this may perhaps have all been intended for ourselves; but it may be only an unjust surmise, and we fully intend considering it a capital hit at those negligent conductors of the medical press, who seem to forget that there are other people in the world besides themselves. We were prompt, to a moment, when an official contradiction of the transaction alluded to, was received, to place it in the spot where manuscripts for insertion in the Journal are always placed, and we presumed that it had been inserted. On inquiry, however, to our sad mortification, we find that by some unaccountable mishap that particular piece has been mislaid. This is the sole reason of the report in question remaining uncontradicted so long.—It gives us no pleasure to witness the efforts of unprincipled men to destroy the reputation of a professional brother. All our humble efforts have in view the protection of the rights and privileges of medical men, in connection with the onward and upward progress of a science that contemplates the happiness of the whole human race.

Practical Pharmacy.—Very many practitioners, who may prescribe with skill, know little or nothing of the process of preparing a variety of their most efficient compounds. In fact, it is a question whether some of their most active remedies could be identified by themselves were they driven to the necessity of going to the shelf of the druggist to prepare them.

"To obviate this great defect," says the circular of the University School of New York, "arrangements are made with Messrs. Sands, two practical apothecaries, and a large, convenient apartment in the college building is appropriated to the object of giving each student an opportunity of becoming practically acquainted with the approved modes of compounding medicines, putting up prescriptions, and other manipulations in the laboratory of the practical pharmacist." This is decidedly an admirable idea, and the information that will be acquired by seeing, touching and tasting, in such an establishment, cannot be otherwise than permanently beneficial to all who have access to it.

Metallic Corslets.—If a mother should imprison a daughter in one of the metallic corslets used in some of the private institutions where it is

fashionable to send youthful female invalids—and do it as a punishment for some infraction of a law of the nursery, she would be denounced as a cruel, wicked, unnatural woman, and, ten chances to one, would receive a citation from the police judges, to answer for the offence. Yet a physician is not only permitted to rig these abominable brass bars on to the delicate bodies of young girls—but he is also allowed to keep them there for months together, against the plainest dictates of reason and common sense. To argue with people with a view to convincing them of the utter-uselessness of such a contrivance, or to demonstrate the positive injury that in many instances must necessarily result from the mechanical effects of such a ponderous case of inelastic wall, is labor in vain. That a medical adviser should, however, be successful in imposing upon intelligent parents in this way, is really astonishing, and a fit subject for an instructive chapter in the future medical history of the world.

House for Invalids.—A prominent physician of Boston, in whom all have confidence, has some thoughts of establishing an institution in the immediate neighborhood of the city, for the special purpose of receiving patients, both male and female, with all kinds of diseases of the chest. Instead of one great edifice, an *omnium gatherum*, in which young and old, great and small, are usually congregated, as in ordinary hospitals, this gentleman contemplates a series of cottages or farm houses, as they may occur in the village that is selected for his sanitary labors, in which all may be accommodated according to their tastes, means, or special necessities, in their domestic arrangements. Carriages, athletic exercises, and indeed all the approved methods of invigorating and developing the body, especially when debilitated, are to be provided. Indoor and outdoor amusements, as the auxiliary measures in the general course of treatment, too numerous to particularize, are also contemplated. The salubrity of the air, the quiet of the location, the beauties of forest and field, and the ample provision for the individual comfort of each patient, are considerations of the highest importance to one seeking relief from the fearful approach of any disease of the vital organs. Lastly, medical advice, from a source which would inspire hope, if it were ever warrantable, would be found there.

Although we have as yet only been made acquainted with the general features of the proposed plan, it strikes us favorably, and we really feel considerable solicitude in regard to the time when the public may be notified of the proprietor's readiness to receive dyspeptics, consumptives, and those with organic affections of the heart, &c., from this crowded city.

Cancer of the Lung.—A woman, aged 40, laboring under a well-developed case of cancer in the lung, a form of lung disease which Laennec says he never noticed, and which is not referred to by any known medical writers, recently died at the University Hospital, under the care of Dr. Taylor. The cancer would doubtless have been confounded with tubercle, had not peculiar circumstances led to an extremely close scrutiny. The distinction was only marked by the surface of the matter infiltrated through the tissue of the lung, having in various places a pink hue, and being vascular, a distinction shown to be more decided on microscopic examination. The heart was somewhat atrophied, a circum-

stance supporting the remark of Louis, that the hearts of persons dying of cancer are smaller than those of persons dying of any other malady.—*London Medical Times.*

Opium.—Dr. Golding Bird related to the Westminster Medical Society, the case of a lady, 26 or 27 years of age, who had suffered for several years from an acute pain, coming on in paroxysms, in the region of the kidneys and loins, and for the relief of which she had resorted, seven years since, to morphia. She had two years since increased the dose to ten grains of acetate of morphia three times a day; she had continued that dose to the present time without any obvious ill effects; all the functions seemed to be properly carried on, and her appetite was good; there was no sign of organic disease present. He suspected the case to be one of hysteria.

Mr. Elliott related the case of a gentleman who took two drachms of opium daily, and that of a lady who took six drachms of the drug in the course of a week.—*London Lancet.*

Emetics in confirmed Croup.—M. Marotte, in a long article in the "Gazette Médicale," enforces the necessity of repeated and large doses of emetics, aided by local depletion, mild purgatives, and blisters, in decided cases of croup. Dr. Marotte agrees with Dr. Delaroque on the necessity of acting vigorously within the first two hours from the accession of the disease: thus, he commences by applying leeches, and whilst the patient is in a state bordering on syncope, he gives large doses of emetics, being indifferent as to the particular emetic administered, and follows them up with a blister, all within an hour or an hour and a half. If the first administration of emetics only produces temporary relief, they are to be repeated every three, four, or five hours, until a decided benefit is obtained.—*Ibid.*

Medical Miscellany.—The National *Ægis* says that Dr. Woodward will probably remain at Worcester, declining the office of Superintendent of the New York Asylum at Utica.—Is the Western Medical Journal, at Louisville, still published? We have seen nothing of it for months.—Mr. Ticknor has imported more copies of a splendid English work on materia medica.—A new edition of Bell's Anatomy is called for, revised.—Several melancholy cases of hydrophobia have occurred of late.

BOOKS RECEIVED.—"Homœopathy, with particular reference to a lecture by Dr. O. W. Holmes. By A. H. Okie, M.D. Boston."—"An answer to the Homœopathic Delusions of Dr. O. W. Holmes. By Charles Neidhard, M.D., Philadelphia."—Catalogue from the Castleton Medical College.

MARRIED.—At New Ipswich, N. H., Edward Spalding, M.D. of Nashua, to Dora E. Barrett, of N. I.—In Trinidad de Cuba, March 13, Dr. Don Justo G. Cantero to Donna Maria Monserrate de Lara, widow of the late Senor Don Pedro Yzruaga. Dr. C. resided in Boston a few years since, and studied medicine under the instruction of Dr. J. C. Warren.

Number of deaths in Boston for the week ending July 2, 23.—Males, 12; Females, 11. Stillborn, 4. Of consumption, 2—scarlet fever, 1—infantile, 3—dropsy, 1—debility, 1—ulcers in the head, 1—measles, 2—drowned, 1—suicide, 1—hooping cough, 1—worms, 1—erysipelas, 1—dropsy in the head, 1—old age, 1—apoplexy, 1—fits, 1—inflammation of the bowels, 1—bleeding at the lungs, 1—sudden, 1.

CASTLETON MEDICAL COLLEGE.

FALL COURSE OF LECTURES.

THE Fall Course of Lectures will be commenced on the first Thursday, 4th of August, and be continued fourteen weeks.

JAMES MCCLINTOCK, M.D., President, Professor of General, Special and Surgical Anatomy.

JOSEPH PERKINS, M.D., Registrar, Professor of Materia Medica, Therapeutics and Obstetrics.

DAVID M. REESE, M.D., Professor of the Theory and Practice of Medicine.

CHAUNCEY L. MITCHELL, M.D., Professor of Physiology, General Pathology, and Operative Obstetrics.

JAMES MCCLINTOCK, M.D., Professor of the Principles and Practice of Surgery.

ALFRED C. POST, M.D., Professor of Ophthalmic Anatomy and Surgery.

WILLIAM P. RUSSELL, M.D., Professor of Medical Jurisprudence.

ELZA S. CARR, M.D., Professor of Chemistry, Pharmacy, and Natural History.

JOHN W. SNOWDEN, Professor of Anatomy.

Fees for the course, \$50. Matriculation fee, \$5. Fee for those who have attended two full courses at other regular medical institutions, \$10. Graduation fee, \$16. Expense of boarding, &c. \$1.50 to \$2.25 per week.

During the present term about sixty surgical cases have been prescribed for, and operated upon before the class.

Castleton, Vt., May 26, 1842.

Je. 29.—1A4

JOSEPH PERKINS, Registrar.

MASSACHUSETTS MEDICAL SOCIETY.

CENSORS' MEETING.—There will be a meeting of the Censors of the Society and of the First Medical District on Wednesday, the 27th day of July, at 4 o'clock, P. M., at the house of the subscriber, No. 9 Franklin street, Boston.

Je 29—eptom

JOHN JEFFRIES, Secretary of Censors.

SURGICAL INSTRUMENTS.

MAYNARD & NOYES, wholesale druggists, 11 Merchants' Row, have constantly on hand a full assortment of Surgical Instruments, which they will sell to physicians and dentists at a small advance on manufacturers' prices—consisting in part of the following:—Amputating, trepanning, midwifery, dissecting, dental, hydrocele, eye, lachrymal, pocket, stomach, injecting, cupping and breast instruments, in cases. Scarificators, silver male and female catheters, gum-elastic catheters, bougies, pessaries and nipple shields. Suspensory bandages, silver and brass spring lancets, thumb and gum lancets, tourniquets, tonal instruments, trocars, stethoscopes, trusses, needles, extracting instruments in cases, turnkeys; Flag's tooth forceps, 12 patterns; teeth forceps, straight, curved and hawk-bill shape; tooth punches, borers, pluggers, scrapers, hooks and files, platina wire, gold and tin foil.

Je 1—lamly

NEW HAMPSHIRE MED. INSTITUTION OF DARTMOUTH COLLEGE.

THE annual course of Medical Lectures in this Institution will commence on Thursday, the 4th of August, 1842, and continue three months. There will be four lectures daily, with examinations. All surgical operations before the class are performed gratis. Fees for the course, \$50, payable at the commencement of the lectures. Matriculation, \$3.00. Graduating expenses, \$18. Every facility for private dissections.

Surgery, Obstetrics, and Diseases of Women and Children, by

Materia Medica, Medical Jurisprudence and Medical Botany, by

Chemistry and Pharmacy, by

Theory and Practice of Physic, and Pathological Anatomy, by

Anatomy and Physiology, by

DIXIE CROSBY, M.D.

EDWARD E. PHELPS, M.D.

OLIVER P. HUBBARD, M.D.

JOSEPH ROBY, M.D.

EDMUND R. FEASLEE, M.D.

Private instruction given by the Resident Professors throughout the year.

Je 22—

OLIVER P. HUBBARD, Secretary of the Faculty.

BERKSHIRE MEDICAL INSTITUTION—AT PITTSFIELD, MASS.

THE next annual course of Lectures will commence on the first Thursday (5th) of August, 1842, and continue thirteen weeks.

HENRY H. CHILDS, M.D., Professor of the Theory and Practice of Medicine and Obstetrics.

ALONZO CLARK, M.D., Professor of General and Special Pathology.

Moses A. LEE, M.D., Professor of Materia Medica and Pharmacy.

FRANK H. HAMILTON, M.D., Professor of the Principles and Practice of Surgery.

BENJAMIN R. PALMER, M.D., Professor of Anatomy and Physiology.

CHESTER DEWEY, M.D., Professor of Chemistry, Botany and Natural Philosophy.

HON. JACOB COLLAMER, A.M., Medical Jurisprudence.

JAY C. BUTLER, M.D. Demonstrator of Anatomy.

FEES.—For the whole course of Lectures, \$50. Students who have attended two full courses of lectures at any incorporated school of medicine, will be required to pay \$10. Graduation fee, \$18. Board, from \$1.50 to \$2.00 per week.

Students who propose attending the course of Lectures will find it advantageous to spend a few weeks in the Reading Term, to which they will be admitted gratuitously.

Pittsfield, May, 1842.

Je 23—1A

H. H. CHILDS,
President.

IMPROVED SILVER CATHETER.

THE superior Silver Catheter, made by the subscriber, may be found at Metcalf's, No. 33 Tremont row.

My 11—A

D. SMILEY, JR.

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